AUTHORIZATION FOR CANCELLATION NOTICE

Blaine County Montana PO Box 278 Chinook, MT 59523

| Name: | | |
|----------------------------------|--------------------|-----------------------------------|
| Last | First | M.I. |
| Date of Birth: | | |
| Residential Address: | | |
| Mailing Address: | | |
| I hereby request my name be remo | oved from the vote | er registration records of Blaine |
| | | |
| *Signature of Elector | | Date |
| Please complete and return to: | | |
| Blaine County Election Office | | Phone: 406-357-3240 |
| PO Box 278 | | Fax: 406-357-2199 |
| Chinook, MT 59523 | | |